

Pledge Form
Make Cheques Payable to: Allies for Autism Foundation

Participant Name: _____

Participant phone number: _____

Event Name: Allies for Autism Foundation Annual family walk / run

Please Print Clearly !!! An email address as well as household address and postal code is required by the canada revenue agency for a tax receipt to be issued

Name	Address	Contact	Payment Method	Amount Collected
1	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
2	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
3	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
4	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
5	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
6	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
7	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
8	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
9	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
10	Apt. Street:	Email:	Cash	
First:	City:			
Last:	Zip & Prov/State:	Phone:	Cheque	
Thank you - Your support is much appreciated!		Tax receipts will be issued for donations of \$20 or more	Verified: (Initial)	Total